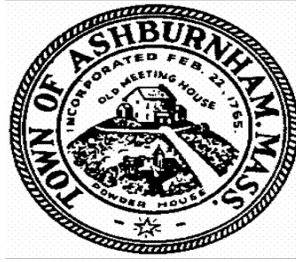


Board of Selectmen
Town Administrator
Town Accountant
Town Clerk
Tax Collector
Treasurer
Board of Assessors
Land Use Office
Planning Board
Conservation Commission



Animal Control
Board of Health
Building Commission
Conservation Commission
Council on Aging
Cultural Council
Electrical Inspector
Gas & Plumbing Inspector
Historical Commission
Municipal Planning
Parks & Recreation
Planning Board
Zoning Board of Appeals

TOWN OF ASHBURNHAM

Town Hall, 32 Main Street
Ashburnham, Massachusetts 01430
PHONE: (978)-827-4100 FAX: (978) 827-4105
www.ashburnham-ma.gov

Ashburnham Senior Citizen Property Tax Work-off Program **APPLICATION** (Please Print)

Application Date: _____

NAME: _____

Date of Birth: _____

Telephone /Cell Number: _____

PROPERTY ADDRESS: _____

Mailing Address if Different: _____

Map _____ Parcel ID _____ Location: _____

- See accompanying program description.
- Application will be considered only when filled out completely and accompanied by a copy of the applicant's most recent Tax Bill and verification of age.
- Placements are decided by the Town Administrator's Office based on the skills and interest of the applicants and the needs of the various departments. Attention is paid to individual preferences; however, it may be impossible for all applicants to obtain their first choice.
- A Certificate of Completion will be issued upon approval of the Department Head and credited to the Final Fiscal Year 3rd and 4th quarter property tax bill of the applicant at the rate of \$10.00 per hour, (100.00 hrs. minimum) not to exceed \$1,500 per *calendar* year.
- Applicants must submit documentation of financial resources in order to be eligible.
- All information submitted is Confidential and only to be used by the Senior Tax Work-off Program administration. CORI checks may be required for some positions.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1) I am 60 years of age or older _____ Yes _____ No
- 2) Have you owned and occupied the property
as your domicile as of January 1, _____ _____ Yes _____ No
- 3) Is the property in a Trust _____ Yes _____ No

APPLICATION

GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR:

Retirement Benefits (Social Security, etc.)	\$ _____
Other Pensions and Retirement Allowances	\$ _____
Wages, Salaries and other Compensation	\$ _____
Net Profits from Business, Profession or Property Rental	\$ _____
Interest and Dividends	\$ _____
Other Receipts (Capital Gains, Public Assistance, etc.)	\$ _____

Copies of State and Federal Income (if applicable) attached: _____ Yes _____ No

Medical and Physical Restrictions:

Do you have any medical or physical restrictions _____ Yes _____ No

If yes please explain: _____

Work Experience and Skills:

Please describe past work experiences that might assist us with your placement, this should include any particular skill or hobby you may have.

Have you been in the program in the prior year: _____ Yes _____ No

If yes, please indicate the department: _____

Would you like to continue with the same department: _____ Yes _____ No

Disclaimer and Signature:

I, the undersigned, certify that all the above information provided is accurate and true to the best of my knowledge and that I understand the eligibility requirements and guidelines of the program. I further understand that if approved for participation:

- I am responsible to notify the Department Head and Town Administrator's Office of any change.
- I will be notified of my approval and work assignments.
- I must turn in timesheet to the Department Head or the Town Administrator's Office.

Applicants Signature

Date

Review and Approved by Assessors Office:

Associate Assessor

Date Reviewed